**FEC** 

## **STATEMENT OF**

FORM 1	ORGANIZA	ATION		
1 011111 1	(See instruction	ns)		Office use only
NAME OF COMMITTEE (in	full) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
EBAY INC-CO	MMITTEE FOR RESPONSIBLE IN	TERNET COMMERCE		
ADDRESS (number and	street) 228 S. Washington S	St. 		
(Check if address is changed)	<b>Ste. 115</b>			
	Alexandria		L <mark>YA</mark> J L	22314   -
		CITY▲	STATE	ZIP CODE 📥
COMMITTEE'S E-MA	IL ADDRESS (Please provide only one e-	mail address)		
(Check if address X is changed)	s Ilisker@hdafec.com			
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address is changed)	s		1 1 1 1 1	1 1 1 1 1 1 1 1 1
2. DATE 0.3	D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICA	ATION NUMBER	C C00342394		
4. IS THIS STATE	MENT NEW (N) OR	X AMENDED (A)		
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r certily that i have exam	ined this Statement and to the best of my kno	wiedge and belief it is true, correct ar	ia complete	
Type or Print Name of	Treasurer Sharon McBride			
Signature of Treasure	Electronically Filed by Sharon Mo	cBride	Date 03	/ 19 / Y Y Y O 9
NOTE: Submission of fa	alse, erroneous, or incomplete information may	y subject the person signing this State	·	es of 2 U.S.C. S437g.
Office		For further information of		
Use		Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)